

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048985

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

3124

Primary Registration District No.

500

Registrar's No.

3733

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/591 4000
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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bissell Hills		Length of stay in 1b 14 Mo.	c. CITY OR TOWN Bissell Hills Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1234 Bakewell Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1234 Bakewell Dr. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Theodore Middle F. Last Graupner		4. DATE OF DEATH Month Dec. Day 18 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-27-96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney & Realtor (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Realty	9. AGE (last birthday) 66 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Theodore Graupner		13b. MOTHER'S MAIDEN NAME Ida Niemann	
14. NAME OF HUSBAND OR WIFE Leona Graupner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Leona Graupner, 1234 Bakewell	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH multiple	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from March 1962 to Dec 18, 1962 and last saw him alive on Dec 11, 1962 . Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter J. Kuehn M.D. (Degree or title)		22b. ADDRESS 8321 N. Broadway	
22c. DATE SIGNED 12-20-62		23. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-21-62	23c. LOCATION (City, town, or county) St. Louis County	23d. STATE Mo.
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. 12-20-62	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Walter Kutryb
8321 N. Broadway
Ev 1-1060
Hrs. 1-5 Thurs.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Warren A. Carver

Licensed Embalmer No. _____

3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.